

10th Rhode Island Employer Honor Roll
2006 Recognition Breakfast
October 27, 2006 8:00 AM
Crowne Plaza Hotel, Warwick RI

*Sponsored by the Office of Rehabilitation Services/ RI DHS
& the State Rehabilitation Council*

CALL FOR NOMINATIONS!—deadline August 18, 2006

The RI Office of Rehabilitation Services (ORS) is seeking nominations of companies employing individuals funded through any ORS Employment Service.

Nominated employers will be added to the 2006 RI Employer Honor Roll.
In addition, Achievement Awards will be presented in the categories of
Advancement, Job Accommodation, Integration, Longevity and *new* this year, Champion.

Qualified Nominations:

- ❖ The company employs an individual with a disability who is on the employer's payroll, at minimum wage or better and the workplace is integrated.
- ❖ The employee has/had an ORS Counselor and received services funded by ORS.
- ❖ A company may be nominated for the outstanding effort of an owner, manager, supervisor, and/or co-worker(s).

Nominations will NOT be considered: from agency self-nominations or group employment situations such as: sheltered workshops, enclaves, mobile work crews, affirmative industries, or an agency operated business.

Important Information:

- ❖ The person submitting the nomination agrees to:
 1. Accurately complete the nomination form and provide ALL requested information.
 2. Obtain verbal approval from all people listed regarding the submission of the nomination.
 3. **BEFORE** submitting the nomination form, **CONFIRM SPELLING** of individual names, the company name, and other requested information
 4. Prior to event: encourage and coordinate attendance at the recognition breakfast for all listed on the nomination form & including release of information signatures.
- ❖ Information, as submitted, will appear in Honor Roll materials, i.e. requests for media coverage, the Honor Roll Certificates, Achievement Awards, and the event program, etc.
- ❖ All **qualified** nominations will be recognized at the October 27th Ceremony.
- ❖ The information provided may be used in the presentation ceremony and/or in media coverage.
- ❖ **Up to two nominations** may be submitted by an ORS funded agency or counselor. Please submit separate forms for each nomination.
- ❖ All Honorees will be notified by September 27, 2006.

Due Dates for nomination forms:

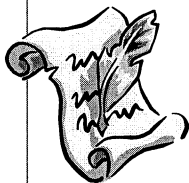
- ❖ Nominations must be received at the Sherlock Center, RIC, or postmarked **by August 18, 2006**.
- ❖ Nominations received after the deadline may not be considered.

Do you have a question?

Contact ORS, 421-7005-Monica Dzialo, ext. 410 or monicad@ors.ri.gov or Susan Silva, ext. 444, susan@ors.ri.gov
or Event Coordinator: Vicki Ferrara, Sherlock Center, (401) 456-8072, vferrara@ric.edu



Coordinated by
Paul V. Sherlock Center on Disabilities
Rhode Island College, 600 Mt. Pleasant Avenue, Providence RI 02908
voice: (401) 456-8072 fax: (401) 456-8150 tdd: (401) 456-8773



2006 Rhode Island Employer Honor Roll Nomination Form

Sponsored by the Office of Rehabilitation Services/RI DHS & the State Rehabilitation Council

To nominate an employer, complete both sides of this form and return it,
no later than August 18, 2006 to:

RI Employer Honor Roll, Sherlock Center/RI College, 600 Mt. Pleasant Ave., Providence, RI 02908

Please submit ALL information requested. **DOUBLE CHECK SPELLING** and TYPE or PRINT CLEARLY.

Person submitting nomination: _____

Agency/Address: _____

Phone: _____ E-mail: _____ Fax: _____

I plan to attend the recognition breakfast on October 27, 2006 Yes _____ No _____

I agree to coordinate and confirm the attendance of those listed below, including obtaining media release signatures, prior to the recognition breakfast on October 27, 2006 at the Crowne Plaza Hotel, at 8:00 am.

Signature: _____ Date: _____

EMPLOYER BEING NOMINATED: will receive a framed certificate at the recognition breakfast.

Name: Circle one Mr. Miss, Ms. Mrs. _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____ e-mail _____

Name of Chamber of Commerce affiliation, if any: _____

Nominee verbally agrees to the submission of this nomination and notified of the October 27 event date. Yes _____ No _____

EMPLOYEE (ORS Customer) will receive a framed certificate at the recognition breakfast.

Name: Circle one Mr. Miss, Ms. Mrs. _____

Current Job Title: _____ Phone: _____

Nominee verbally agrees to the submission of this nomination and notified of the October 27 event date. Yes _____ No _____

ORS Counselor:

Name: Circle one Mr. Miss, Ms. Mrs. _____

Phone: _____ Fax: _____ E-mail: _____

Nominee verbally agrees to the submission of this nomination and notified of the October 27 event date. Yes _____ No _____

Employment Specialist/Job Coach (if applicable):

Name: Circle one Mr. Miss, Ms. Mrs. _____

Phone: _____ Fax: _____ E-mail: _____

Nominee verbally agrees to the submission of this nomination and notified of the October 27 event date. Yes _____ No _____

Section 1. For which **Achievement Award** are you recommending the employer? (**Choose One**)
(Achievement Award winners will receive a special plaque. All nominated employers will receive a framed certificate.)

(Choose **only 1** category)

☐

Advancement: this award recognizes an **employer** for providing advancement opportunities and/or mentorship for an employee to help him/her achieve career aspirations.

☐

Job Accommodation: this award recognizes an **employer** whose use of job accommodations demonstrates creative and flexible ways for the employee to successfully carry out the essential responsibilities of the position.

☐

Integration: this award recognizes an **employer** for involving an employee in all aspects of the daily work environment, including: training, communication and social opportunities.

☐

Longevity: this award recognizes an **employer** for providing the supports necessary for an employee to flourish in his/her job for two or more years.

☐

Champion: this award recognizes an **employer** with a long history of employing people with disabilities AND promoting its benefits to others, including at least one of the following: advocacy, education, referral, promoting legislation, systems change, etc.

Section 2. Tell us why! Answer all questions, providing **specific examples** to support this nomination.
(You may use 1 [one] additional page, if needed.)

A. Based on the Achievement Award selected above, tell us your reasons for nominating this employer. How is this employer outstanding? Make sure your answer reflects the award description from the category above.

B. Please describe how the employer supported the access to job accommodation/s and how the employer and employee benefited from the accommodation. Consider any job accommodation/s and supports provided to the employee at any point in his/her employment; including recruitment, hiring, training and retention. (any no tech, low tech and or high-tech job accommodations, and/or natural supports, job coaching, etc.)

C. Has the employee had the opportunity to advance through promotion, increased responsibility, or skills training?
Yes _____ No _____ If yes, explain below: Length of Employment _____ year _____ months _____ Hourly wage

D. Describe how this employee meets the **company's** needs and how this employment benefits the **employee**.